Foster Family Home - Corrective Action Report

Provider ID: 1-190002 **Home Name:** David Drig, NA **Review ID:** 1-190002-4 96-239 Waiawa Road, #B Reviewer: Julie Hastings **Pearl City** HI 96782 Begin Date: 10/28/2020 [11-800-6] **Foster Family Home Required Certificate** 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: 6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification. -Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/28/2020 **Foster Family Home Background Checks** [11-800-8] 8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 8.(a)(2)Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 8.(a)(1) 8.(a)(2)CG#3 APS/CAN/Fingerprint lapsed. Did 4/8/2019. Received an exemption. Was due on or before 4/8/2020 for APS/CAN/Fingerprint. Has not completed. **Foster Family Home** Personnel and Staffing [11-800-41] Be a NA, an LPN, or RN; 41.(a)(2) Comment: 41.(a)(2) CG#3 CNA license expired 10/31/2019. No Current CNA License. See background checks 8a1, 8a2 **Foster Family Home** Records [11-800-54] Medication schedule checklist; 54.(c)(5) 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events; Comment: 54.(c)(5) For both Clients Several medications do not match medication administrative record, MD orders, and prescription bottles. 54.(c)(6) Administration Record has not been signed since 10/10/2020 (18 days) 10/28/2020 Date

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10/28/2020

Date

JULIE HASTINGS CTA RN Compliance Manager:

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

DRIG PCG's Name on CCFFH Certificate:

(PLEASE PRINT)

CCFFH Address:

PEARL CITY HIN 96782

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.9.2.	SCHEDULED 6GHT3 FOR ATS/CAN FINGERPRINTING ON 11/36/20.	11/9/20	HOME WILL USE GLENBAR TO REMIND ALL DIE DATES. WILL BE DONE OF LEAST 4 VEEKS IN ADVANCE.
	FOR CG#3 CHANGED TO NA IN HOME RECORD	11/16/20	HOME COLC COM
<u>5</u> 4. c.5	MEDICATION DISCREPANDY WAS GREECTED BY PHARMACY, MID AND CG#1.	11/24/20	ALL MATERICATIONS AND COMPARE WITH MAR AND WALL NOTIFY CMA, PHARMACY OF ANY
54.C.6	MAMINISTRATION RECORD HAS	10/29/2	NX KELANCIET

✓	All items	that wer	e fixed	are	attached	to this	CAP
		, ,		`			

PCG's Signature:

CTA has reviewed all corrected items

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Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's	Name	on	CCFFH	Certificate:
	1 TOTAL	011	00111	Oci timotito.

CCFFH Address:

96239

WAIXNA POAB PEARL CITY, 41 9678Z

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each Issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.A.1 8.A.2	SCG WAS PEMOVED AS HHM XND SCG FOR THIS CCFFH. HAS MOVED OUT AS COF	03/14/2	WILL SET REMINDER TO RENEW EXPIRING OF REQUIREMENTS ON FILE IN HOME AND CTA. TO ENSURE FUTURE LAPSES.

All items that w	vere fixed are attached to this CAP	/ . 1
PCG's Signature:	CEOCH.	Date: 04/06/202

CTA has reviewed all corrected items